

TennCare Pre-Admission Evaluation Submission System



Provider End-User Training Manual

CHOICES PAE

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Chapter 1: Getting Started

Welcome to the Web Interface

This document is created for all end users of the TennCare Pre-Admission Evaluation Submission System (TPAES). It describes how to use the standard features of the Web interface, such as reports, searches, and item actions. This document is intended to help all users work through the life-cycle of the Pre-Admission Evaluation (PAE) and Pre-Admission Screening and Resident Review (PASRR) processes for Long Term Care (LTC). The Web interface is the end-user interface of the TPAES system, which enables users to enter and track primary items (PAEs, PASRRs, Transfers) and report on these items.

About the Web Interface

The application is accessed from a Web browser. The Web interface reflects the Division of Long Term Care's tracking processes, which are represented by applications. Applications enable you to track items in a workflow process, gather information for auxiliary items that support but do not follow that process, generate reports, and more. An example of an application is a *Level of Care Determination*. The information and features to which you have access are determined by the system administrator. For example, your administrator can grant you privileges to submit and update items in certain projects. Common tasks in the Web interface include:

- Submit, transition, and update primary items.
- Create, edit, and run reports related to both primary and auxiliary items.
- Organize your frequently accessed items and reports in folders.
- Search for items that you have privileges to view.
- Modify your user profile.
- Subscribe to e-mail notifications for specific items.
- Access the Application Knowledge Base.
- Perform limited administrative tasks.

Application Concepts

These terms are used in the user documentation found in the Application Knowledge Base.

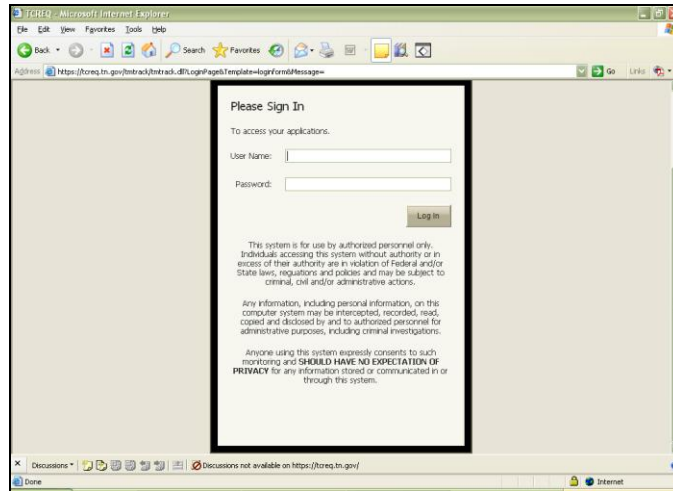
- ***Application*** - A collection of elements that work together in an interactive business process to solve a business requirement, such as managing a team's work tasks. Applications typically contain workflows, fields, forms, roles, projects, reports, and notifications.
- ***Application Tabs*** - Application tabs filter the buttons on the **Application** toolbar for each application in the Web interface.
- ***Primary Item*** – Items that are submitted into projects in the Web interface and that follow an *application workflow* process.
- ***Auxiliary Item*** - Refers to items that are stored in auxiliary tables. Auxiliary items support, but do not follow, an *application workflow* process. Auxiliary items typically consist of information that is related to the information in primary items. Auxiliary table records are useful because they store auxiliary information that can be referred to repeatedly by one or more *applications*. Contact (Applicant) and company records are examples of auxiliary items.

- **Project** - A collection of primary items submitted by users. Projects are displayed in a hierarchy, with each level of the hierarchy representing a different project. A project is a means for organizing items.
- **Application Workflow** - A collection of states, transitions, and fields that define an interactive business process that is executed by the application engine.
- **States** - A key element of a workflow, states are positions that a primary item resides in while moving through the workflow process. States can also be considered a stopping point along a workflow's path.
- **Transitions** - A key element of workflows, transitions activate a primary item's movement from state to state in the workflow process.
- **Primary Owner** - To provide accountability for primary items, a primary owner is designated for each state in the workflow. Users can only select a single user as a primary owner for each state in which the item resides. This ensures that primary items always have one user who is primarily responsible for them while they reside in each state.
- **Secondary Owner** - Designers can set up a workflow so that one or more users are secondarily responsible for items while they reside in a particular state. A single User, Multi-User, or Multi-Group field can be used to populate the secondary ownership property.
- **Forms** - The pages in the Web interface in which users submit, transition, and update items.

Chapter 2: Basics of the Application

Access into the System

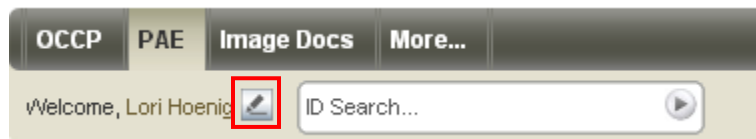
Begin by logging into the TennCare Pre-Admission Evaluation System (TPAES). Enter the website <https://tcreq.tn.gov>. The user will be prompted to enter a unique User Name and Password. The User Name will be a unique identifier that is issued by the State of Tennessee. The password will be created by TennCare and relayed to the user.



Changing the Password

Eventually, the user will be able to create a new password by clicking once on the User Profile icon in the upper left hand corner of the application screen, next to the user's name. Passwords for this application must be specifically formatted to match these criteria:

- At least seven (7) characters in length
- Contain at least one capital letter and one special character
- Contain at least one number



Type the new password in the appropriate entry field and tab down to re-enter the password. Select "Save profile." The new password will be set for the next session. For help with User ID and Password reset, please contact TennCare's Serena Customer Service Coordinator at 1-877-224-3170. For more information on support, refer to Chapter 9: Support.

User Profile

The User Profile should also be used to update personal information such as email address and phone number. When all changes are made, select the "Save Profile" button.

Exiting the Application

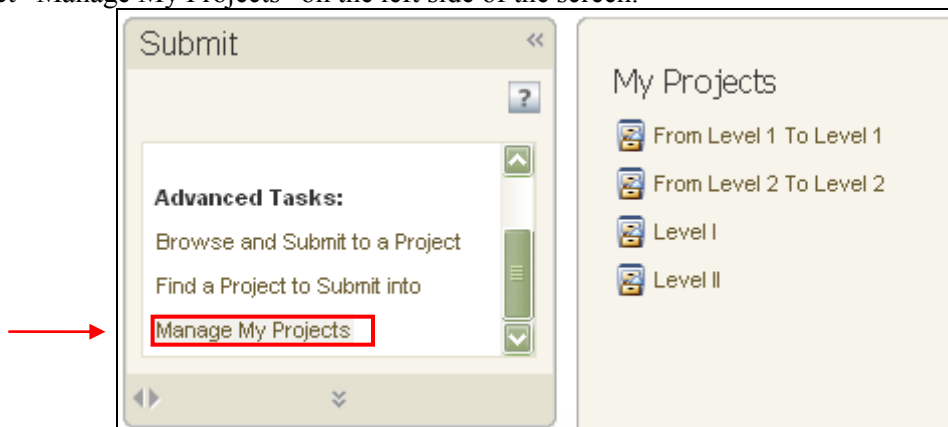
At the end of the working session, please log out or exit the system by clicking the "Exit" icon on the upper right corner of the application.



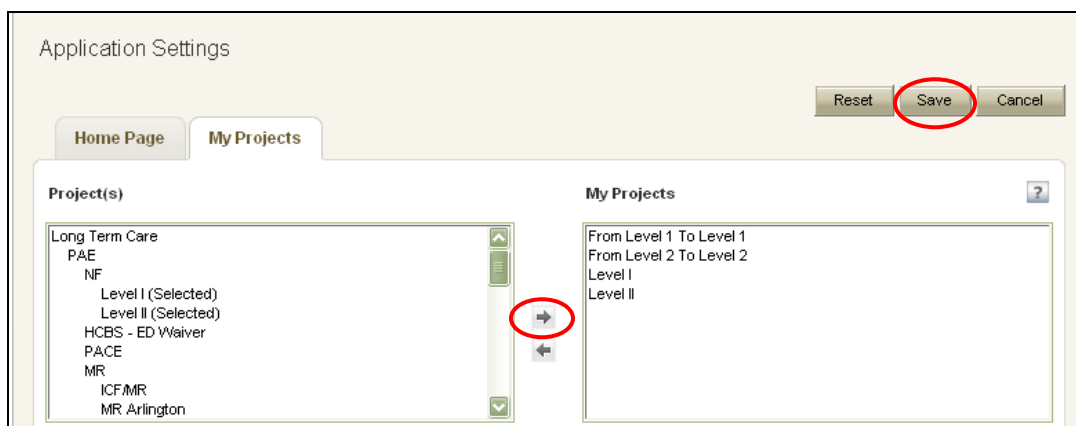
User Preferences

Setting “My Projects”

Users can set the types of PAEs they normally submit to TennCare for Medical Necessity Determination. To do this, the user will click on the “Submit” pane and under “Advanced Tasks:” select “Manage My Projects” on the left side of the screen.



The user will then be able to select what PAE or Transfer types are most often submitted to TennCare. To do this, highlight the PAE type (Level I, Level II, Transfer-Level I to Level I, etc...) and click the right arrow.



Once all types are listed in “My Projects,” the user may select “Save” for future submissions. The system will generate a message to inform the user that “the changes were saved successfully.” Now these PAE types will be the only ones that are displayed for selection.



TennCare Pre-Admission Evaluation Submission System

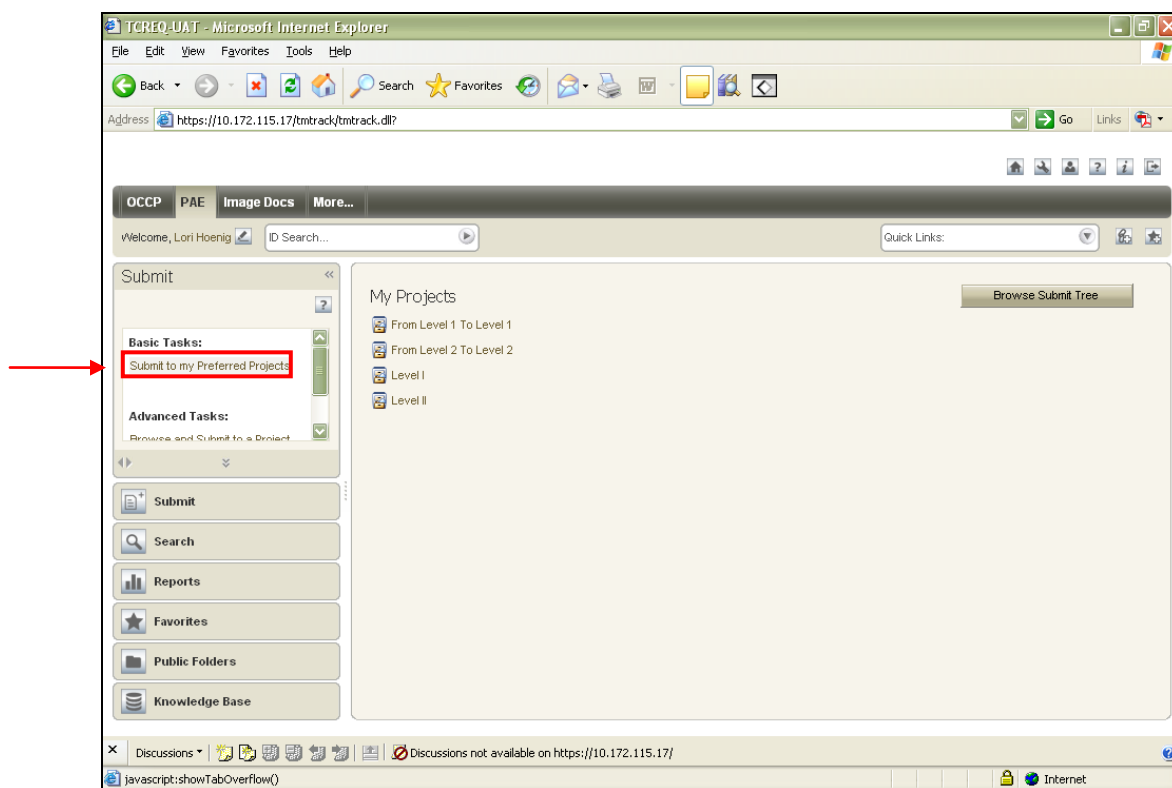
Home Page View

All submissions can be viewed by the last five (5) digits of the Control Number (Item ID) by clicking “Home.” Submissions are grouped by submission type (i.e. NF Level I, Transfer from Level I to Level I, etc...). Nursing Facilities, AAADs and MCO users will see a split view. The top view is PAEs that have not yet been submitted. The bottom view shows the status of their patients’ PAEs that have been processed by Long Term Care.

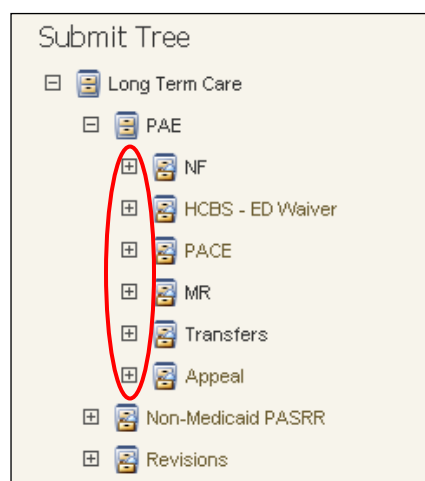
The screenshot displays the 'Submitter Home Page' of the TennCare Pre-Admission Evaluation Submission System. The interface includes a top navigation bar with tabs for 'PAE', 'Image Docs', 'OCCP', and 'More...'. Below this is a user welcome message 'Welcome, Eric Fowle' and an 'ID Search...' field. The main content area is divided into two sections. The first section, 'Submitter - Items Not Submitted', shows 'Now showing 0 - 0 of 0' and a message 'Sorry, no data was found meeting conditions of this report.' The second section, 'Submitter Status Report', shows 'Now showing Long Term Care PAE 1 - 1 of 1' and 'Sorted by: Project (Hierarchy), Current Status'. Below this is a table with the following headers: 'Item Id', 'Applicant Last Name', 'Applicant First Name', 'Applicant Soc. Sec. Number', 'Current Status', 'PAE Creation Date', and 'LTC Decision Date'. The table is currently empty. The interface also features a left sidebar with navigation icons and a top right corner with a date and time stamp '09/11/2009 09:20:11 PM'.

Chapter 3: Submit a New Pre-Admission Evaluation

When the user's preferred PAE types have been set by following the steps in Chapter 2, "Setting 'My Projects,'" to submit a new Pre-Admission Evaluation (PAE), click on "Submit to my Preferred Projects."



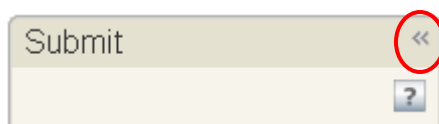
Select the type of PAE or you are submitting for Medical Necessity review. If the user needs to submit a request and the form is not listed in "My Projects," click on either "Advance Search: Browse and submit to a Project" under the submit navigation section or "Browse Submit Tree" in the upper right corner to see all submission types. All [+] marks should be clicked to open the full submission tree.



Completing the Pre-Admission Evaluation Form

The electronic version of the PAE is similar in flow to the paper version. TennCare will continue to require certain elements to be complete and correct before a decision is rendered to approve or deny the PAE for medical necessity.

To see a larger version of the forms, the user should move to the left side of the page and click on the double left arrow in the “Submit” section of the menu.



Applicant Information

The first step is to begin with the applicant information by filling in all information indicated on the form. The initial entry will be the Provider’s drafting state. All required fields are indicated with red text. To move from the top of the form to the bottom to ensure all fields are entered, use the scroll bar on the right side of the window.

The next step is to fill in all of the information about the applicant (patient). If the Medicaid Identification Number (MID) has been issued, please enter it AND the applicant’s Social Security Number. If there is no MID, please enter the patient’s valid Social Security Number. Entering a Social Security Number other than the applicant’s will result in the PAE being returned for technical requirements not being met. The Medicaid Identification Number is a numeric field. The provider will not be allowed to enter “pending.”

	Last	First
Applicant Name:	<input type="text"/>	<input type="text"/>
Applicant Soc. Sec. Number:	<input type="text"/>	
Medicaid Number (if currently eligible)	<input type="text"/>	
* Applicant Date of Birth:	<input type="text"/>	
	<small>mm/dd/yyyy</small>	
Applicant Street Address:	<input type="text"/>	
Applicant City:	<input type="text"/>	
Applicant State:	<input type="text"/>	
Applicant Zip Code:	<input type="text"/>	
Applicant County:	<input type="text" value="(None)"/>	
Applicant Phone Number:	<input type="text"/>	

Service/Reimbursement Requested

In a CHOICES PAE, the submitter has to choose whether they are requesting nursing facility or HCBS services.


Submission/Service Requested

Service/Reimbursement Requested: (None) ▼

(None)
HCBS
Nursing Facility



This choice is made under the applicant information. Based on the selection different fields will appear. All fields that appear will need to be answered. The nursing facility selection will require the submitter to choose a reimbursement level, answer whether or not the applicant currently resides in a NF, what their admit date was and if there is a discharge expectation. The submitter will search for the name of the provider and ensure that the proper name is showing in the selection (bottom) box. Lastly, the submitter will need to enter the fax number where they would like the system generated faxes sent.

Service/Reimbursement Requested: Nursing Facility ▼ Reimbursement Level: (None) ▼

Applicant Currently Resides in IIF: Yes ▼ Admission Date: 
mm/dd/yyyy

Discharge Expectation: (None) ▼

Enter provider name in search box and click 'Find' or check provider not found box to enter provider info

Provider: Find 
(None) ▼ 

Provider Not Found: ☐


Provider Phone Num: (None) Provider Fax Num: (None)

Provider Address: (None)

Provider City Name: (None) Provider ICF Num: (None)

Provider State: (None) Provider SHF Num: (None)

Provider Zip: (None)


Provider Fax Number: REC 

When HCBS is selected, the submitter will choose a cost cap level, target group and make a selection for the SSI Eligibility Request. The submitter will also need to enter a fax number where they would like the system generated faxes sent. (HCBS will also require completion of the Cost Neutrality tab, see below.)

Service/Reimbursement Requested: HCBS ▼ Cost Cap Level: (None) ▼

Target Group: (None) ▼

SSI Eligibility Request: (None) ▼

Provider Fax Number: REC 

Request Info

The top sections of the *Request Info* tab include system generated information and enrollment information that will be completed after the medical eligibility is determined. The designee information is included in this tab and is to be completed by the submitter.

Applicant MUST identify the person that s/he wants to receive information about this application OR signify in writing that s/he only wants notices to be sent to her/him:

This PAE applicant has signified in writing that he/she wants notices to be sent only to him/her. The submitter of this PAE has a copy of this signed waiver on file.

Designee Not Provided: ☐

If the applicant has a designee, please fill out all information. If the applicant DOES NOT have a designee, please indicate that by checking the box “Designee Not Provided.”

Based upon the log-on identification, the “Submitting Agency” fields will be automatically populated.

Note: After all fields are complete, use the scroll bar on the right to move to the top of the screen. DO NOT click “OK” until ready to submit the PAE.

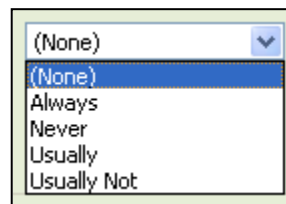
Functional Assessment/Assessment of Capabilities and Needs

Once all demographic information is complete, move to the *Functional Assessment* or *Assessment of Capabilities and Needs* tab to fill in all questions regarding the applicant’s activities of daily living (ADLs).

The screenshot displays the web application interface within a Microsoft Internet Explorer browser window. The address bar shows the URL: <https://10.172.115.17/tmtrack/tmtrack.dll?>. The application has a navigation bar with tabs: OCCP, PAE, Image Docs, and More... The PAE tab is active. Below the navigation bar, there is a welcome message "Welcome, Lori Hoenig" and an ID search field. The main content area features a series of tabs: Patient/Provider Information, FUNCTIONAL ASSESSMENT (highlighted with a red circle), NURSING & REHABILITATIVE SERVICES, PASRR Level 1 Assessment, and CERTIFICATION OF NURSING FACILITY. The FUNCTIONAL ASSESSMENT tab is selected, showing sections for TRANSFER, MOBILITY, and a NOTE. The TRANSFER section includes a dropdown menu set to "(None)" and a question: "Can applicant transfer without physical help from others?". Below this, it states: "Always Applicant always able to self transfer. Usually Applicant requires cueing, stand-by assistance and/or supervision 1-3 days per week. Usually Not Applicant requires contact guard assistance and/or hands on physical assistance 4 or more days per week. Never Applicant is never able to transfer without physical help of others." The MOBILITY section also has a dropdown menu set to "(None)" and a question: "Can applicant walk without physical help from others?". It states: "Always Applicant is totally independent with mobility. Usually Applicant requires cueing, stand-by assistance, supervision or physical assistance 1-3 days per week. Usually Not Applicant requires physical assistance with mobility 4 or more days per week. Never Applicant is never able to ambulate without physical help of others." The NOTE section states: "NOTE: Response required if the individual is Usually Not or Never able to ambulate. Always Applicant is independent with wheelchair. Usually Applicant requires physical assistance with wheelchair only 1-3 days per week. Usually Not Applicant requires physical assistance with wheelchair 4 or more days per week." The interface includes standard browser controls and a status bar at the bottom.

TennCare Pre-Admission Evaluation Submission System

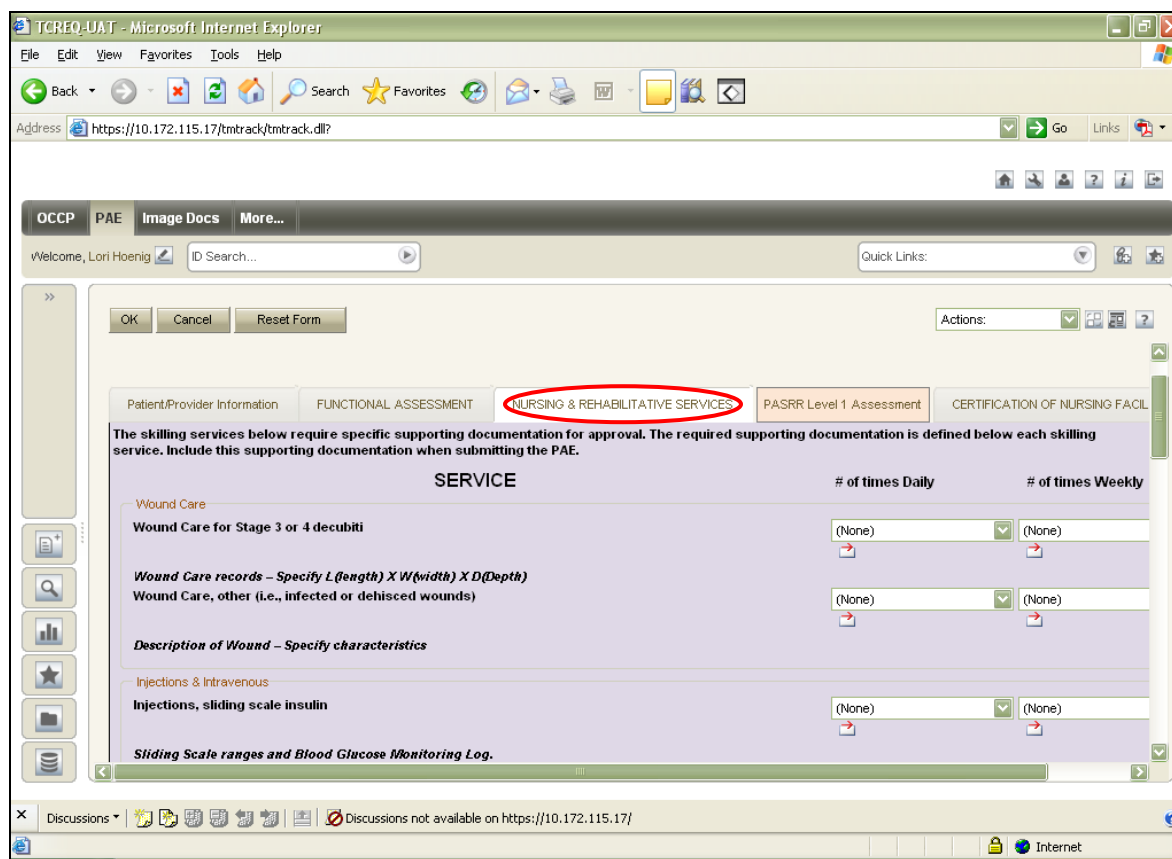
CHOICES PAEs will have questions that must be answered as “Always, Usually, Usually Not or Never.” Be advised that the drop down list is in alphabetical order, so please carefully select the correct response.



Questions that are not applicable for the patient (e.g. catheter, wheelchair or insulin), may be left as “(None)” for the response. There is an additional comments field at the bottom of this tab where providers can further clarify any information for TennCare. For example, if a patient cannot perform their own wound care, this would be appropriate to include in this comments section.

Nursing & Rehabilitative Services (NF Level 2 PAEs)

Once all questions on the *Functional Assessment* tab are answered, move to the *Nursing & Rehabilitative Services* tab. This tab of information must be filled out when completing a PAE for Level 2 reimbursement. Please refer to the physician’s orders when indicating the services that are being provided to the applicant. Also found under each skilling service is the specific documentation required to be submitted with the PAE. The nurse reviewers at TennCare request that providers select the one skilling service that will allow the most time to receive Level 2 payment. The documentation (physician’s orders, progress notes) that supports that particular service needed should be attached to the PAE upon submission. This will help to minimize the documentation for review.



There are comment areas at the bottom of the page that can be used to expound on any additional information needed for the TennCare nurses to make a determination.

Certification

When all information for the PAE is completed, the submission must then be certified by the person who has completed the PAE information as well as by the prescribing physician. The certification information will be captured on the *Certification* tab. Also on this tab are the fields to be completed for the diagnosis, PAE request date, Physician or Level of Care assessor's name and date of certification.

TCREQ-UTAT - Microsoft Internet Explorer

Address: <https://10.172.115.17/tmtrack/tmtrack.dll?>

OCPP PAE Image Docs More...

Welcome, Lori Hoenig ID Search...

Quick Links:

Actions:

er Information FUNCTIONAL ASSESSMENT NURSING & REHABILITATIVE SERVICES PASRR Level 1 Assessment **CERTIFICATION OF NURSING FACILITY CARE**

IF OF ASSESSMENT MAY BE COMPLETED BY:
 or Licensed Nurse, Physician, Nurse Practitioner, or Physician's Assistant.

I understand that this information will be used to determine the patient's eligibility for care. I understand any intentional act on my part to provide false information that will potentially result in a person obtaining benefits or coverage is not entitled is considered an act of fraud under the state's TennCare program and Title XIX of the Social Security Act. I further understand that Tennessee Medicaid False Claims Act any person who presents, or causes to be presented, to the State, a claim for payment under the TennCare program if such claim is false or fraudulent is subject to federal and state civil and criminal penalties.

Accuracy: Certifier of Accuracy Credentials: Certification Of Accuracy Date: mm/dd/yyyy

ON OF NURSING FACILITY CARE

In addition to the PAE, the following attachments must be submitted for the appropriate Level of Care:

Discussions not available on <https://10.172.115.17/>

Done Internet

TennCare requires that the certification page from the PAE be printed from this system, physically signed by the physician, scanned, and attached as part of the PAE submission. The steps to perform this function are outlined later in this manual.

Cost Neutrality

An additional tab for providers submitting CHOICES PAEs for HCBS services is the *Cost Neutrality*. Providers will indicate which of the services listed the applicant is or will be receiving through Long Term Care, and enter all other information required for the service (i.e. provider type, amount, frequency, etc.). All totals are automatically calculated.

In-Home Respite	15 min	\$4.07	216 hrs/yr 864 units/yr	0	0	0
CD In-Home Respite	15 min	3.34	216 hrs/yr 864 units/yr	0	0	0
Adult Day Care	15 min	\$10.00	2,080 hrs/yr	0	0	0
PERS (monthly fee)	Month	\$43.53	1 unit/month	0	N/A	N/A
Assisted Care Living Facility	Month	\$1100.00	1 unit/month	0	N/A	N/A
Critical Adult Care Home - Vent	Month	\$50.00	1 unit/month	0	N/A	N/A
Critical Adult Care Home - TBI	Month	\$50.00	1 unit/month	0	N/A	N/A
Companion Care - 24/7	Month	\$50.00	1 unit/month	1	N/A	N/A
Companion Care - 24/5	Month	\$50.00	1 unit/month	0	N/A	N/A
Companion Care - Back-Up (less pro-rated monthly rate)	Month	\$50.00	1 unit/month	0	N/A	N/A

Admit Screen

The final tab to be completed is the *Admit Screen* Tab. The information on this tab will need to be completed before the applicant is to be enrolled in the CHOICES program. The submitter can complete this information on initial submission or they will be able to complete it after submission by utilizing the Update Admit Screen button on approved PAEs.

Medicaid Only Payer Date: <input type="text"/>		REC
mm/dd/yyyy		
Insurance Company Name:	<input type="text"/>	REC ✓
Insurance Company Address:	<input type="text"/>	REC ✓
Policy Number:	<input type="text"/>	REC ✓
Policy Holder Name:	<input type="text"/>	REC ✓
Insurance Policy Coverages:		
Insurance Other Coverage:	<input type="text"/>	REC ✓
<div>FO</div> <div>ADMIT SCREEN</div>		
Patient Has Third Party Liability: NO ▼		
Insurance Company Phone Number:	<input type="text"/>	REC ✓
Group Number: <input type="text"/>		
Relationship to Policyholder:	<input type="text"/>	REC ✓
Insurance Effective Date:	<input type="text"/>	REC
mm/dd/yyyy		

Once all tabs within the PAE have been filled in, the facility is able to save that submission in a “draft” status prior to submitting to TennCare. This will allow any changes that might need to be made or outside reviews that need to occur before submitting. Click the “OK” button at the top of the page.

Finalize PAE

When the PAE is ready to be finalized and submitted to TennCare, search for the PAE in the “Awaiting Submission” report and click once on the blue item ID to open the PAE. When the PAE is open, click the “Finalize PAE” button at the top of the form.

The screenshot shows the 'PAE Image Docs' interface. At the top, there's a 'Welcome, (as DemoLTCProvider)' message and an 'ID Search...' field. Below this is the 'Submitter Home Page' section. It includes a 'Back to Originating Report' link and a 'Finalize PAE' button. The main content area displays 'Level I Long Term Care PAE -03656; Level I Urn 686-86-8686 [05/14/2009 03:02:41 PM]'. Below this, there are tabs for 'Patient/Provider Info', 'FUNCTIONAL ASSESSMENT', and 'NURSING & REHABILITATIVE SERVICES'. The 'General Information' tab is currently selected.

At this point, the user completing the PAE will be able to make any changes necessary prior to printing a copy for the LTC provider. Once all changes are made, click “OK” at the top of the form.

Attachments

Any attachments that are required are listed on the *Certification* tab. Please read through the requirements necessary to submit a PAE for medical necessity consideration.

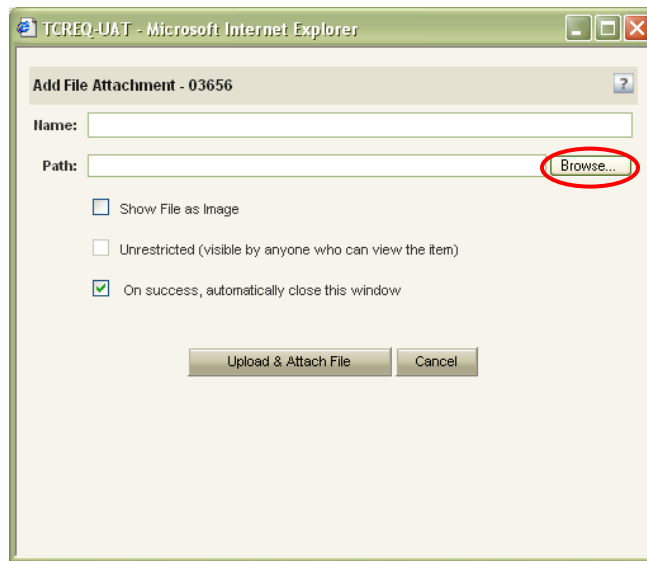
The screenshot shows the 'ATTACHMENTS REQUIRED' section. It states: '(In addition to the PAE, the following attachments must be submitted for the appropriate Level of Care):'. Below this, there are three sections: 'Nursing Facility Level 1', 'Nursing Facility Level 2', and 'HCBS Waiver or PACE'. Each section lists specific requirements for attachments, such as 'Recent history and physical', 'Physician orders', and 'Supporting Documentation'.

The next step will be to attach electronic copies of documentation. To attach electronic documentation, move to the top of the application and go to “Actions:”

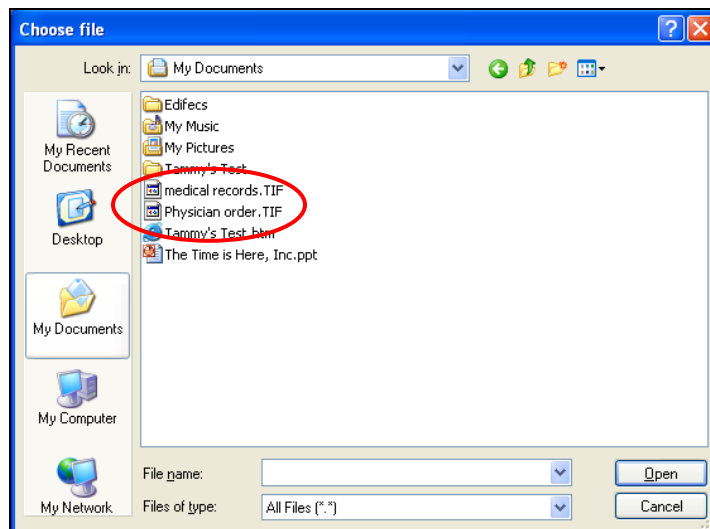
The screenshot shows the 'Submitter Home Page' with the 'Finalize PAE' button. The 'NURSING & REHABILITATIVE SERVICES' tab is selected. A red circle highlights the 'Actions' menu, which includes options: 'Add File', 'Add URL', 'Add Item Link', and 'Add Item Notification'.

Select “Add File” and a dialog box will pop up to allow the user to add attachments from the computer. Select the “Browse...” button to search the computer’s files for the correct documents to attach.

TennCare Pre-Admission Evaluation Submission System

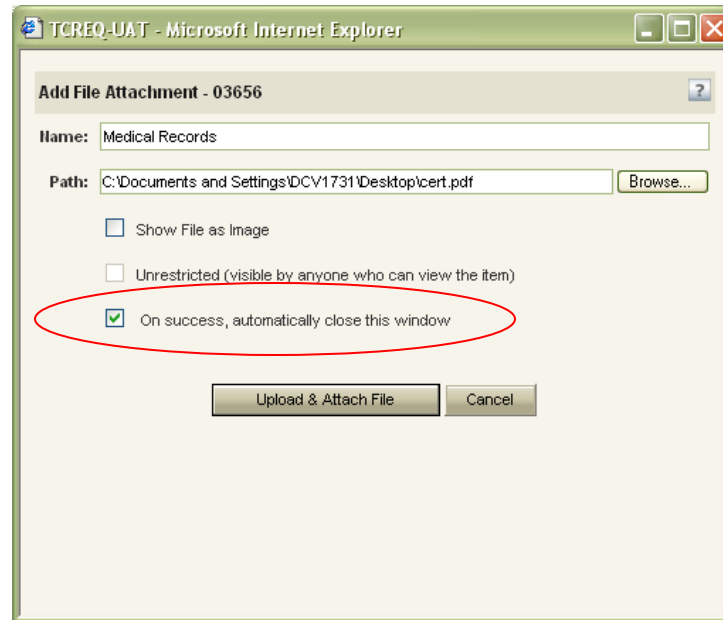


Select the Medical Records, Physicians Order, etc... and upload those into the submission.

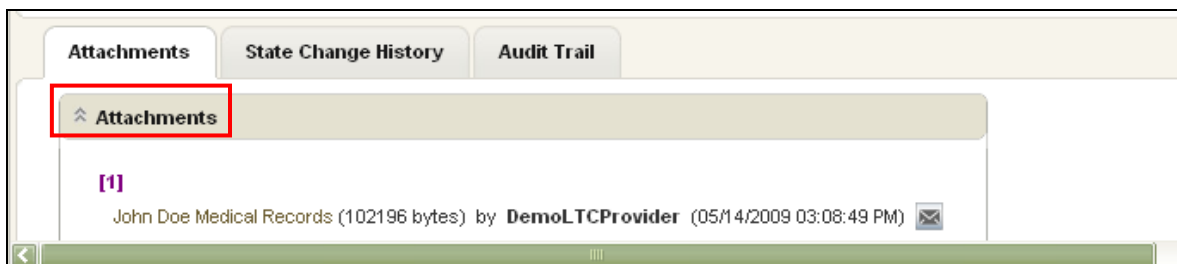


TennCare asks providers to name the document with the patient last name, first name, and the type of document that is being attached. Click “Upload & Attach File.” Make sure the box is checked to automatically close the window when complete.

TennCare Pre-Admission Evaluation Submission System



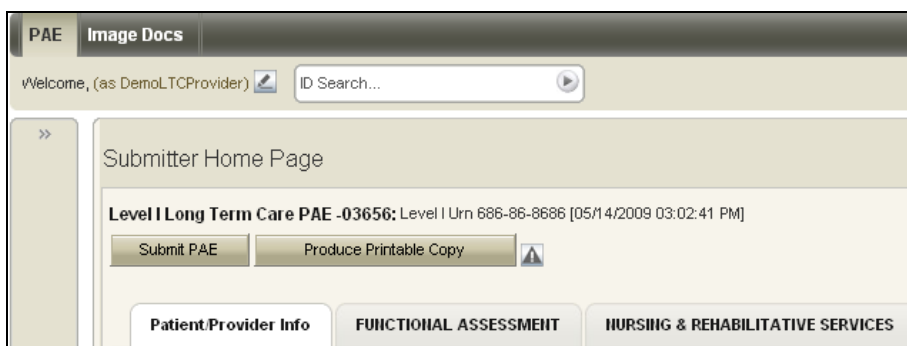
When the file is attached, it will be displayed on a tab labeled *Attachments* at the bottom of the screen. Ensure you are looking at the *Patient/Provider Information* tab to see the *Attachments* tab when adding documents. These steps may be repeated as often as needed to include all documentation needed to support the PAE.



Once all attachments are made, click “OK” at the top of the screen.

Produce Printable Copy of the PAE

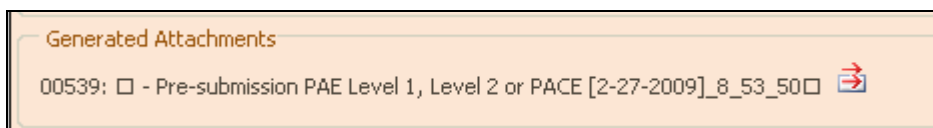
Now the ability to print a PAE is available for the provider. Click on “Produce Printable Copy” at the top of the form.



TennCare Pre-Admission Evaluation Submission System

The system will automatically produce the printable copy for you after you click the button. It will not print the document, but it will create it without any additional steps.

When the document has been created, the PAE will be located on the *Related Items* tab at the far right side of the submission. Find the “Generated Attachments” section on this tab and single-click on the icon next to the PAE to open the attachment.



The PAE will open in a new window. Scroll all the way to the bottom of the new window to the section called “Attachments.” Single click on the blue text of the document name. Again, this will pull up another window with a printable copy of the PAE. Right click on the mouse to open a print option. Once the PAE is printed, please obtain a physical signature from the physician on the certification page beside their type-written name. Additionally, the person certifying the accuracy of the PAE contents should sign beside their type-written name as well.



Chapter 4: Submit to Long Term Care

When the form is complete and all required attachments are included, the PAE is ready for submission. Once the physical signatures are obtained on the PAE, click the “Submit PAE” button at the top of the form.

The screenshot shows the 'Submitter Home Page' with a header bar containing 'PAE' and 'Image Docs' tabs. Below the header is a welcome message and an 'ID Search...' field. The main content area displays 'Level I Long Term Care PAE -03656; Level I Urn 686-86-8686 [05/14/2009 03:02:41 PM]'. There are two buttons: 'Submit PAE' and 'Produce Printable Copy'. Below these are three tabs: 'Patient/Provider Info', 'FUNCTIONAL ASSESSMENT', and 'NURSING & REHABILITATIVE SERVICES'. The 'Patient/Provider Info' tab is active, showing 'General Information' with fields for 'State' (set to 'Submitter Letter Generation'), 'PAE Creation Date' (05/14/2009 03:02:41 PM), and 'PAE Type' (NF).

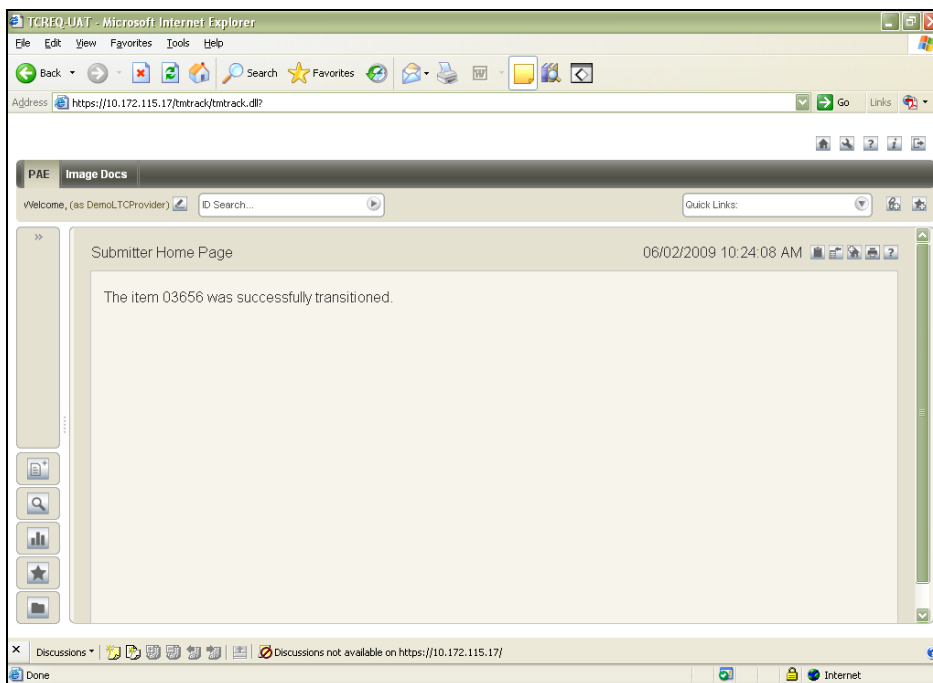
Notice the word “**File**” on the next form next to “Actions:” at the top.

This screenshot shows the 'Submitter Home Page' with a timestamp of '06/02/2009 10:24:08 AM'. The main content area displays 'Submit PAE Level I Long Term Care PAE - 03656; Level I Urn 686-86-8686 [05/14/2009 03:02:41 PM]'. There are three buttons: 'OK', 'Cancel', and 'Reset Form'. To the right is an 'Actions:' dropdown menu with a 'File' button highlighted by a red box. Below these are five tabs: 'Patient/Provider Information', 'FUNCTIONAL ASSESSMENT', 'NURSING & REHABILITATIVE SERVICES', 'PASRR Level 1 Assessment', and 'CERTIFIC.'.

The signed certification page must now be attached to the PAE. Follow the steps outlined in the previous section on pages 16-18 on how to attach a file. When the attachment has been loaded into the submission, click “OK” to submit the PAE. If there are any errors throughout the form, the user will be prompted at the top of the page with an error message in **red** text. The field where the error exists will be indicated. The submission will not be allowed until all errors have been resolved.

Once the item has been submitted to LTC, the application will give the submitter a tracking number for that PAE with a message that the item was successfully transitioned.

TennCare Pre-Admission Evaluation Submission System



The user will receive a notification via email that the PAE has been submitted. The submitting entity will not have access to make corrections until the PAE is reviewed and a decision by LTC has been rendered.

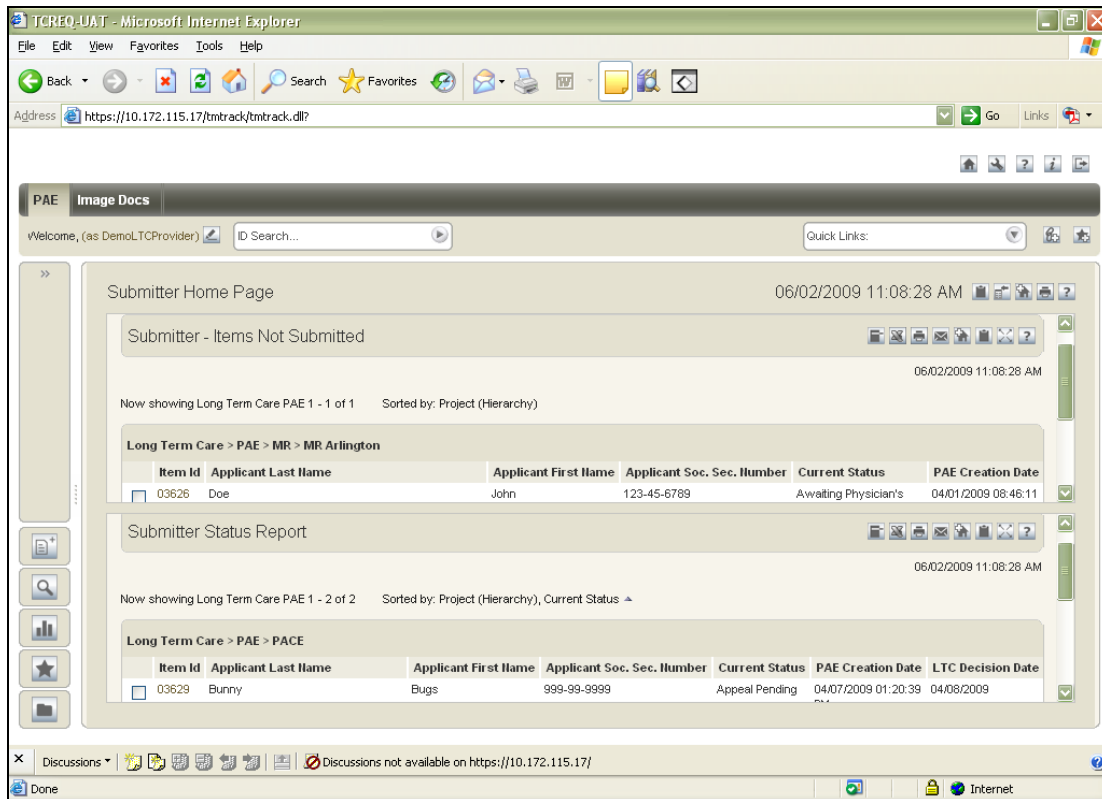
Control Number

Each PAE that comes into the Division of Long Term Care (LTC) receives a “Control Number.” This number is located at the top of the “*Patient/Provider Info*” tab. This is how LTC will identify the individual PAEs

submitted for an applicant. It will be very important for providers and caregivers to refer to this control number for any correspondence regarding this PAE. If a provider must update any information on the PAE such as a certification update, the user will access the existing PAE by the control number. The control number is assigned to the PAE once it has been transitioned to LTC for review.

PATIENT/PROVIDER INFO	FUNCTIONAL ASSESSMENT
Pre Admission General Information	
Control Number: 2008281-02944.1	
PAE Type: NF	

Home Page Report



The picture above is an example of the submitter's home page report. There are two reports available; 1) Items that have not been submitted (pending in a draft state) and 2) Items where a disposition has been made by the Division of Long Term Care. Notice the Item ID, Applicant (patient) Name, Applicant Social Security Number and the Current Status. The status report will also show the Submit Date and the date the Division of Long Term Care made a determination. Only submissions that have an approved or denied status will appear on this view. Once a PAE has been submitted to LTC, it will not be visible until there is a determination. The status of the PAE will also be located on the top section in the *Patient/Provider Info* Tab.

Obtaining the PAE Status

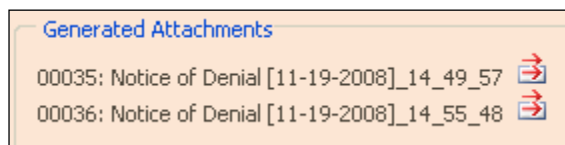
Once a PAE has been submitted to TennCare, the submitting entity can log back into TPAES to check the status of their submission. Please follow the steps outlined in Chapter 2 to log into the system. The submitter's home page report will show the status of submission where the Division of Long Term Care has made a determination. The last five (5) digits of the assigned control number must be used to locate the item in question. This is also known as the "Item ID." Click once on number of the "Item ID" to open the PAE.

To see the expanded view of the PAE, click on the "Expand this Report View" icon at the top right corner.



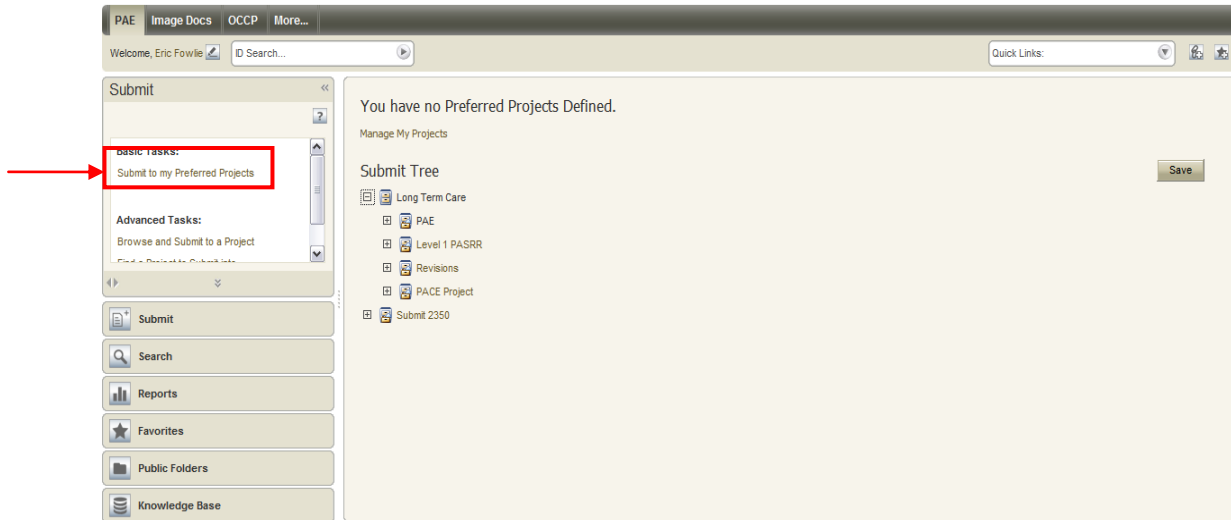
Viewing Notification Documents

Once the Division of Long Term Care has made a determination on the PAE, the provider notification can be found within the individual submissions. Select the item by clicking once on the Item ID. The notification will be located on the *Related Items* tab. Move to the Generate Items section on the *Related Items* tab to view the notifications that have been generated. Click once on the icon beside the notification. This will open a new window where the document can be viewed. When a document is open, the letter is displayed and additional information is at the bottom of the screen. There will be a section called *Attachments* at the bottom of the letter. If the letter needs to be printed for a hard copy file, press the “Shift” button and single click on the mouse at the same time. This will open the letter into another window where the user has the option to print. The user can now “File:Print.” *Note:* When opening attachments, the user may encounter a “Pop-Up Blocker error.” Always allow pop-ups from the Serena website.



Chapter 5: Submit a New PASRR

This is applicable to Nursing Facility Level 1 and Level 2, transfers from Level 1 to Level 1 and transfers to a nursing facility from an HCBS program.



Select Level 1 PASRR from My Projects. If the user needs to submit a request and the form is not listed in “My Projects,” click on either “Advance Search: Browse and submit to a Project” under the submit navigation section or “Browse Submit Tree” in the upper right corner to see all submission types. All [+] marks should be clicked to open the full submission tree.

Patient/Provider Information

The first step is to begin with the *Patient/Provider Information* tab by filling in all information indicated on the form. The initial entry will be the Provider's drafting state. All required fields are indicated with **red** text. To move from the top of the form to the bottom to ensure all fields are entered, use the scroll bar on the right side of the window.

Based upon the log-on identification, the "Submitting Agency" fields will be automatically populated. If the Provider of services is the same as the Submitting Agency, check the box located in "Submitting Agency" that states "Check here if the service provider is the same as the submitting agency." The information will not automatically populate upon checking this box; however, it will be populated when submitted to TennCare.

Submitting Agency

Submitting Agency: (None)
 Submitting Agency Address: (None)
 Submitting Agency City Name: (None)
 Submitting Agency Zip: (None)
 Submitting Agency Phone Num: (None)
 Submitting Agency Fax Num: (None)

Check here if the service provider is the same as the submitting agency: ☐

Provider

Provider Name: ABC
 Provider Street Address: ABC
 Provider City: ABC
 Provider Zip Code: ABC
 Provider Number:
 Provider Phone Number:
 Provider State: ABC
 Provider Fax Number:
 * Provider Contact Name:

The next step is to fill in all of the information about the applicant (patient). If the Medicaid Identification Number (MID) has been issued, please enter it AND the applicant's Social Security Number. If there is no MID, please enter the patient's valid Social Security Number. Entering a Social Security Number other than the applicant's will result in the PAE being returned for technical requirements not being met. The Medicaid Identification Number is a numeric field. The provider will not be allowed to enter "pending."

Applicant

*Applicant Name: *Last *First Middle
 Applicant Medicaid Number: If available:
 - AND -
 *Applicant Street Address:
 Applicant Soc. Sec. Number:
 *Applicant City: *Applicant State: *Applicant Date of Birth: mm/dd/yyyy
 *Applicant Phone Number: *Applicant Zip Code:

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If the applicant has a designee, please fill out all information. If the applicant DOES NOT have a designee, please indicate that by checking the box “Designee Not Provided.”

Designee
You must identify the person you want to receive letters about this determination OR you can choose not to have anyone identified:

Designee Name: Last First Middle
Designee Street Address:
Designee City: Designee State:
Designee Phone Number: Designee Zip Code:
This PAE applicant has signified in writing that he/she wants notices to be sent only to him/her. The submitter of this PAE has a copy of this signed waiver on file.
Designee Not Provided: ☐

Note: After all fields are complete, use the scroll bar on the right to move to the top of the screen. DO NOT click “OK” until ready to submit the PASRR.

PASRR Level 1 Assessment

Mental Illness

(None) ☒ Does the individual have a diagnosis of major MENTAL ILLNESS (e.g. schizophrenia, paranoid state, bipolar disorder, atypical psychosis, major depression)? If so, indicate diagnosis.

(None) ☒ Does the individual have any presenting evidence of MENTAL ILLNESS, including disturbances in orientation, affect or mood? Exclude individuals who have a primary diagnosis of dementia (including Alzheimer's disease and related disorders), and exclude individuals who have a secondary diagnosis of dementia (including Alzheimer's disease and related disorders) and who do not have a primary diagnosis of a major mental illness.

(None) ☒ Has the individual had a history of MENTAL ILLNESS in the last 2 years?

MENTAL RETARDATION







(None) ☒ Does the individual have a diagnosis of MENTAL RETARDATION?

All of the fields under “Mental Illness” and “Mental Retardation” are required and must be answered with either a “no” or “yes.” The person’s name and credentials certifying the PASRR questions will need to be typed into the “PASRR Certifier” and “PASRR Certifier Credentials” fields and indicate the date completed in the “PASRR Certification Date” field.

(None)
(None)
No
Yes

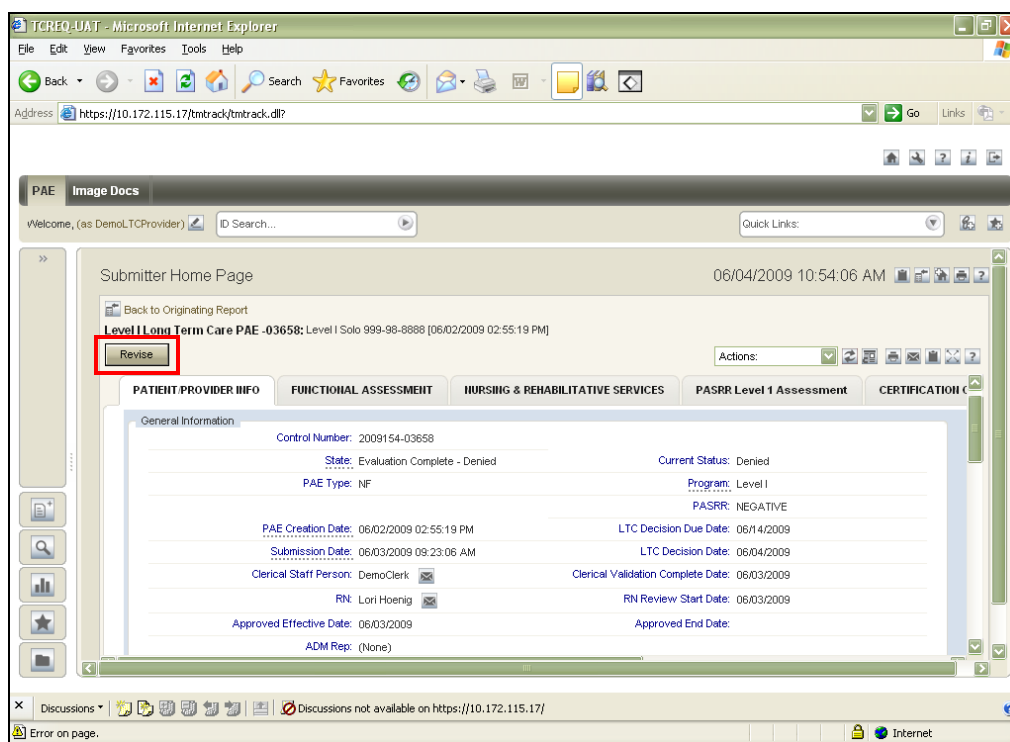
TennCare Pre-Admission Evaluation Submission System

Once all questions are answered, if applicable, users must indicate if there are any PASRR exemptions by checking the appropriate box(es). If there are any exemptions checked, the physician's name that is certifying this should be typed into the "PASRR Physician" field and the date indicated in the "PASRR Physician Signature Date" field. **If there are exemptions, the paper PASRR page 2 should signed by the physician, scanned, and attached with the submission.**

EXEMPTIONS	
(Complete this section only if Level I PASRR indicates mental illness or mental retardation and if there is an applicable exemption):	
I certify that the individual is exempt from the PASRR Level II assessment because of:	
PASRR Exemptions:	<input type="checkbox"/> DEMENTIA 
	<input type="checkbox"/> SEVERITY OF ILLNESS 
	<input type="checkbox"/> SHORT-TERM CONVALESCENCE 
	<input type="checkbox"/> TERMINAL ILLNESS 
DEMENTIA:	The individual has a primary diagnosis of dementia (including Alzheimer's disease and related disorders) based on neurological examination; individual has a secondary diagnosis of dementia (including Alzheimer's disease and related disorders) based on neurological examination and have a primary diagnosis of a major mental illness. Dementia is NOT ALLOWED as an exemption if the individual has, or is suspected of having, diagnosis of mental retardation.
TERMINAL ILLNESS:	The individual is terminally ill, has a medical prognosis that life expectancy will be 6 months or less, and is not a danger to self or others.
SHORT-TERM CONVALESCENCE:	The individual is being admitted from a hospital for convalescent care not to exceed 120 days and is not a danger to self or others.
SEVERITY OF ILLNESS:	The individual has a medical condition of such severity that it would prohibit participation in specialized services for mental illness or mental retardation (e.g., coma, ventilator-dependent, severe COPD, severe CHF, severe Parkinson's Disease, Huntington's Disease, or Amyotrophic Lateral Sclerosis) and is not a danger to self or others. Note: Please submit medical documentation
PASRR Physician:	<input type="text"/> 
PASRR Physician Signature Date:	<input type="text"/> 

Chapter 6: Revise a PAE

When a PAE has been denied, a provider may have to update information such as correcting an applicant's Social Security Number, updating information in the Functional Assessment tab or other such edits. To perform this function, start at your home page and choose the PAE for revision from the list of existing PAEs. To search by control number, the user must type the last 5 digits into the search field. When the PAE is found, open up the case by clicking once on the control number or item ID. When the form is opened, the user may click on the "Revise" button at the top of the form. This function creates a copy of the original submission; therefore the control number will be followed by .1 or .2 depending on the revision number (e.g. 2008334-03325.1). Each subsequent revision will follow in numerical order.



The user must now click the "Edit" button. All fields are now available for editing. Once all revisions have been made to the form, the PAE can be re-submitted by selecting the "Re-Submit PAE" button. If there is additional documentation to attach, follow the steps outlined in Chapter 3. Please take time to ensure all information is correct as once the submission button is pushed, it will transmit to LTC. The submitter will not have access to make corrections until a determination is made by LTC.

A confirmation message with a new control number will appear on the screen. Always search by the new control number to get a status of the request.

Chapter 7: Recertify an Approved PAE

When a PAE has been approved, a provider may have the option to recertify the PAE. This requires updated information on the *Certification of Care* tab, in the following fields: “Revised PAE Request Date,” “Revised Certifying Physician,” and “Revised Physician Certification Date.” To perform this function, start at the user home page and choose the PAE for recertification from the list of existing PAEs. To search by control number, the user must type the last five (5) digits into the search field and click “Go.” When the PAE is identified, open up the case by clicking once on the control number or item ID. When the form is opened, the user may click on the “Recertify” button at the top of the form. This function creates a copy of the original submission; therefore, the control number is followed by .1. Each subsequent recertification will follow in numerical order. Always search by the new control number to get a status of the PAE.

The screenshot shows the 'PAE Image Docs' interface. At the top, there's a search bar with 'ID Search...' and a 'Quick Links' section. Below this is the 'Submitter Home Page' header with a timestamp of '06/02/2009 12:52'. A link 'Back to Originating Report' is visible. The main content area displays 'ICF/MR Long Term Care PAE -03628; ICF/MR Bird 999-99-9999 [04/06/2009 01:18:25 PM]'. A red box highlights the 'Recertify' button. Below this are tabs for 'PATIENT/PROVIDER INFO', 'ASSESSMENT OF CAPABILITIES AND NEEDS', 'CERTIFICATION OF CARE', and 'RELATED ITEMS'. The 'General Information' tab is active, showing 'Control Number: 200996-03628' and 'Current Status:'.

Next, click the “Start Recertification” button at the top of the form.

The screenshot shows the 'PAE Image Docs' interface with the 'Start Recertification' button highlighted in orange. The 'Submitter Home Page' header shows a timestamp of '06/02/2009 12:52:07 PM'. The main content area displays 'ICF/MR Long Term Care PAE -03628RECERT 1; ICF/MR Bird 999-99-9999 [06/02/2009 12:53:43 PM]'. Below this is a 'Start Recertification' button. The 'CERTIFICATION OF CARE' tab is active, showing fields for 'Certifier of Accuracy: Certifier', 'Certifier of Accuracy Credentials: Credentials', 'Certification Of Accuracy Date', 'Certifying Physician: Physician', and 'Physician Certification Date: 04/06/2009'. The 'CERTIFICATION OF NURSING FACILITY CARE' section shows 'Diagnoses: diagnoses' and 'Plan Of Care: Habilitation'. The 'PAE REQUEST DATE' section shows 'Retro Warning' and 'PAE Request Date: 04/06/2009'.

TennCare Pre-Admission Evaluation Submission System

Upon clicking the “Start Recertification” button, the user now will be able to update the Certification for the approved PAE. Click on “Recertify PAE” button. Review the information provided and update the information on the *Certification of Care* tab, in the following fields: “Revised PAE Request Date,” “Revised Certifying Physician,” and “Revised Physician Certification Date.”

The screenshot shows a web form titled "PAE REQUEST DATE". At the top, there are three buttons: "OK", "Cancel", and "Reset Form". Below the title, the "PAE Request Date" is displayed as "06/02/2009". There are four input fields, each with a calendar icon to its right:

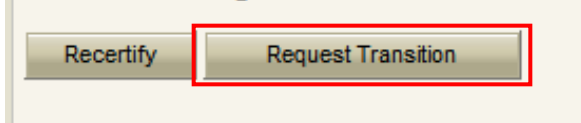
- "DHS Eligibility Effective Date:" with a placeholder "mm/dd/yyyy".
- "* Revised PAE Request Date:" with the value "06/03/2009" and a placeholder "mm/dd/yyyy".
- "* Revised Certifying Physician:" with a placeholder "ABC" and a checkmark icon.
- "* Revised Physician Certification Date:" with a placeholder "mm/dd/yyyy".

Click “OK” accept the changes and a confirmation message and a new item identification number will appear on the screen.

The screenshot shows a "Submitter Home Page" with a confirmation message: "The item 03658RECERT1 was successfully transitioned."

Chapter 8: Transition Process (MCOs Only)

When a PAE needs to be transitioned from one group to another the approved PAE needs to be “Transitioned”. This process is only available to MCO users. The submitter will begin by clicking on the Request Transition button on the approved PAE.



The user will then navigate to the *Transition Info* tab and complete the fields listed on the screen. When complete, the user will click OK and the transition will be sent to TennCare.

A screenshot of the 'Transition Info' tab in the TennCare Pre-Admission Evaluation Submission System. The tab is selected among others: REQUEST INFO, FUNCTIONAL ASSESSMENT, NURSING & REHABILITATIVE SERVICES, COST NEUTRALITY CALCULATION, CERTIFICATION, and TRANSITION INFO. The form contains the following fields:

- Transition Type:** A dropdown menu currently showing '(None)'.
- Transition Request Date:** A text input field with a calendar icon, labeled 'mm/dd/yyyy' below it.
- Admitting Facility:** A section with a text input field containing 'tenncare', a 'Find' button, and a dropdown menu showing 'TennCare'.
- Transition Target Group(s):** Two checkboxes: 'Elderly (age 65 and older)' and 'Physically Disabled (21 and older)'. Both are currently unchecked.
- Transition Specific Condition or Diagnosis:** A text input field with a small 'ABC' icon and a checkmark to its right.
- Transition IF Admission Date:** A text input field with a calendar icon, labeled 'mm/dd/yyyy' below it.

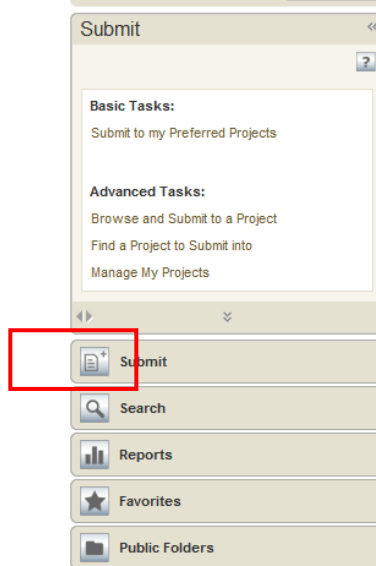
Chapter 9: Support

Online Support

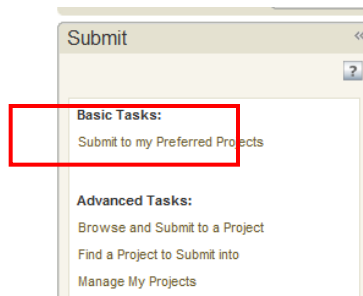
A user can contact TennCare with a support issue online. To submit a support issue online, the user will need to click on the Support tab, which is at the top of the screen next to the PAE tab.



Once in the support tab has been opened, the user will need to submit the support issue much like a PAE is submitted. Start by clicking on the submit button on the left side tool bar.

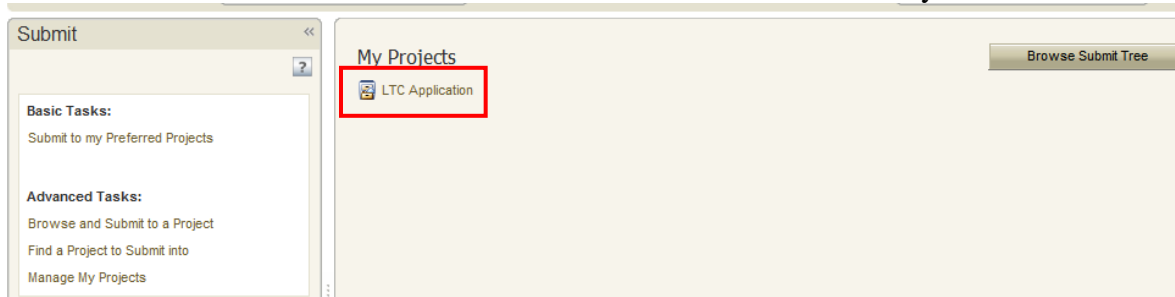


Next click on “Submit to my Preferred Projects” (If the appropriate selection does not appear, the user can change their preferred projects by following the instructions in section titled Setting “My Projects” in Chapter 2).



Next, the user will need to click on the LTC Application link.

TennCare Pre-Admission Evaluation Submission System



Submit

My Projects

Browse Submit Tree

LTC Application

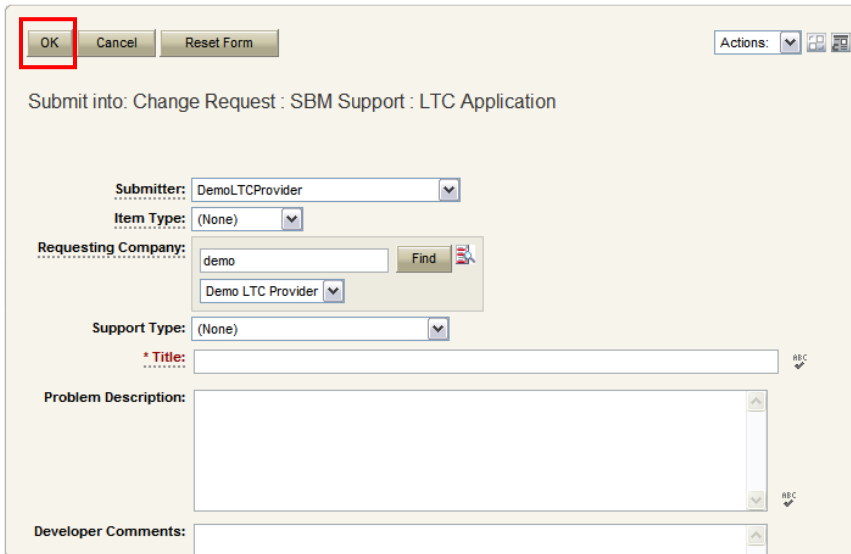
Basic Tasks:

- Submit to my Preferred Projects

Advanced Tasks:

- Browse and Submit to a Project
- Find a Project to Submit into
- Manage My Projects

The user will fill out all information and click OK.



OK Cancel Reset Form

Actions:

Submit into: Change Request : SBM Support : LTC Application

Submitter: DemoLTCProvider

Item Type: (None)

Requesting Company: demo Find

Support Type: (None)

* Title:

Problem Description:

Developer Comments:

The issue will be properly routed within TennCare and the user will be contacted via phone or email with the resolution

Phone Support

If the user is unable to login to the application to submit a support issue, the user can contact TennCare's Serena Customer Service Coordinator at 1-877-224-3170. This line will be answered in the order of calls received, so users should utilize online support whenever possible.

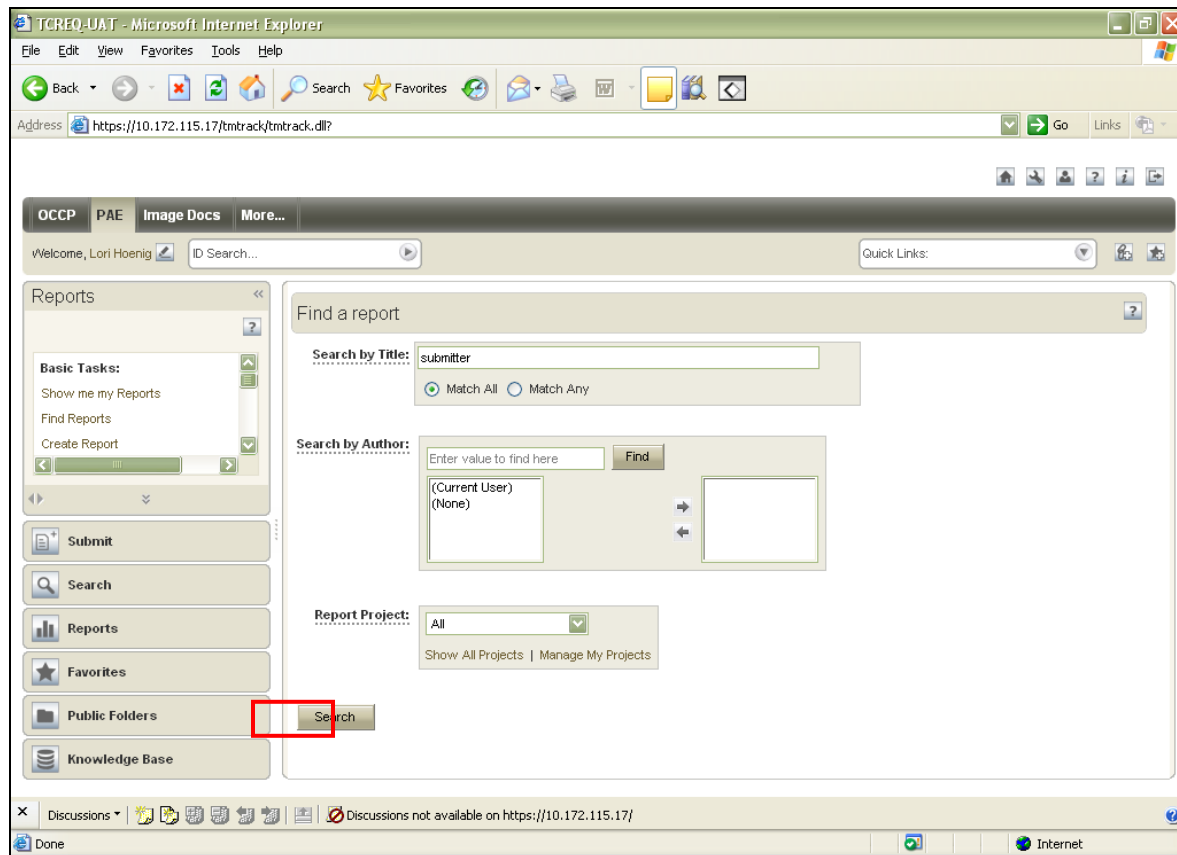
Issue Resolution

TennCare will make every effort to resolve all issues in a timely manner.

Chapter 10: Reports

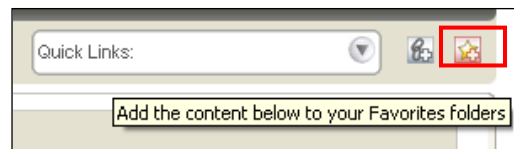
Accessing Built-In Reports

Begin by moving to the navigation pane on the left side of the screen. The options are: Submit, Search, Reports, Favorites, Public Folder and Knowledge Base. Click on the Reports bar. Single-click on “Find Reports” under the basic tasks section. The user will be able to “Find a Report” and search by title. To see all reports that are available, click the “search” button. As of Spring 2009, there are 60 reports to choose from. The report titles are indicative of the content found in the report. Many reports prompt the user to enter a date range for the information requested.



Once in a report, the user can export it to Excel if needed. To search for a different report, click the “Back button” on the internet explorer page until reaching the search screen shown above. If the title of the report is known, the user can just type that into the “Search by Title” field and click “Search.”

When a user is viewing a report that will be used often, the report can be saved to the user’s “Favorites” folder. To do this, move to the upper right hand corner of the page and single-click on “Add to Favorites” icon.



The name of the report will populate in the pop-up window and the user selects where to place the link to this particular report. Click on the drop down box and select “Favorites” then click “Save.” The user will be prompted that the report has been saved. To access Favorites, go to the navigation panes and click on “Favorites.” All reports or items the user has saved to their “Favorites” will be listed in this area.

TennCare Pre-Admission Evaluation Submission System

Save Serena Business Mashups Favorite - Microsoft Internet Exp...

Add Link to Your Favorites ?

Name: Submitter - Patient Lookup

Add Link to Folder:

- Favorites
- Quick Links

View all PAEs (Active and Inactive)

To see a listing of all PAEs whether active or inactive, move to the navigation pane on the left side and click on “Reports.” Under “Advanced Tasks:” click on “Browse Built-In Reports.” On the right side, a listing of available reports will appear. Click on “Built-In: All Items I Own.” This report will give the provider the full listing of all PAEs previously submitted and approved/denied.